STATE OF MICHIGAN DEPARTMENT OF MANAGEMENT AND BUDGET FACILITIES ADMINISTRATION First Floor, Stevens T. Mason Building P.O. Box 30026 Lansing, Michigan 48909

PROFESSIONAL SERVICES CONTRACT MODIFICATION INSTRUCTIONS

To modify a professional services contra	act, fill out (type) the attache	ed form. Facilities	Administration	will fill	out the day autho	rized. The
"Contract Dated	For Professional Services" i	is the date of the ori	iginal contract.	The "() Modification"	is whether
it is the first, second, etc., modification.						

Provide a clear, concise, and accurate description of the proposed change of scope at the point marked ● on the title page. Provide the title required for each appendix. Complete Appendix A for each phase of the project affected by the modification. Complete Appendix B only if the modification will require personnel not already included in the contract. Use a separate form, Appendix C-1, for each phase of the project that is affected by the change. Use additional sheets wherever necessary. Examples of the use of these appendixes are a part of each request for proposal.

After filling in the data, make two copies of each page. Then sign the original and the copies in the appropriate places on each page. Original signatures must appear on both the original and the copies to be acceptable. Submit both the original and the copies to the address shown above. A signed copy will be returned to you once the modification is approved by the Director, Department of Management and Budget.

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STATE OF MICHIGAN DEPARTMENT OF MANAGEMENT AND BUDGET FACILITIES ADMINISTRATION

PROFESSIONAL SERVICES CONTRACT MODIFICATION

This form is required to execute a mod	lification to a professional serv	vices contract. (Authority: 1984 PA 431)					
() MODIFICATION							
CONTRACT	OF Γ DATED	FOR PROFESSIONAL SERVICES					
Contract Number: File Number: Index Number(s): Project Name:							
	gement and Budget, is hereby in the DEPARTMENT OF MA	the year two-thousand and made by and BETWEEN the STATE OF MICHIGAN acting through the ANAGEMENT AND BUDGET, First Floor, Stevens T. Mason Building,					
the prime Professional Service Contr provided by Article 14 of the contract		"Professional," that the scope and terms of the contract be modified as					
Attached Appendices are part of this n	nodification.						
		erms and provisions of the contract remain fully effective.					
FOR THE PROFESSIONAL:		FOR THE STATE:					
TOK THE TROTESSIONAL.		TOR THE STATE.					
Signature		Director, Department of Management and Budget					
Title							

TASKS

PROPOSAL/CONTRACT MODIFICATION NUMBER

ARTICLE	1 PROFESSIO	ONAL SERVICES			
FILE NUMB		INDEX NUMBER(S)	COMPTROLLER CODE	AGENCY CODE	CONTRACT NUMBER
PROJECT N	AME				
FIRM NAMI	 E				
TASK	A Liet tael	z number only for any stan	dard or existing task which is	part of this work	
NUMBER	B. Give det	tailed description of any ne	w or changed tasks necessary	y for this work.	
		1 ,			
SIGNATURE - PROFESSIONAL DATE			DATE GIGAL TITE	DMB USE ON	
SIGNATUR	E - PKOFESSION	AL	DATE SIGNATUR	RE - PROJECT MANAGER	DATE
APPENDIX	ΚA			PAG	GE OF

PERSONNEL RATES

PROPOSAL/CONTRACT MODIFICATION NUMBER

ARTICLE 2 COMPENSATION FILE NUMBER INDEX NUMBER(S) COMPTROLLER CODE CONTRACT NUMBER AGENCY CODE PROJECT NAME FIRM'S TITLE OR CLASSIFICATION DIRECT PAYROLL NAME OF FIRM MULTIPLIER \$/HOUR RANGE AND NAME OF INDIVIDUALS PROJECT MULTIPLIER RANGE DMB USE ONLY SIGNATURE - PROFESSIONAL DATE SIGNATURE - PROJECT MANAGER DATE APPENDIX B PAGE OF

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COST/BUDGET SUMMARY PROPOSAL/CONTRACT MODIFICATION NUMBER ———

PROPOSAL/CONTRACT MODIFICATION NUMBER -ARTICLE 2 COMPENSATION FILE NUMBER INDEX NUMBER(S) COMPTROLLER CODE AGENCY CODE CONTRACT NUMBER PROJECT NAME FIRM NAME TOTAL PER PHASE **EXISTING** THIS CONTRACT **COMPENSATION MODIFICATION** NOT TO EXCEED **PHASE** CONTRACT 100 Study Personnel Costs \$ Reimbursements TOTAL \$ 200 **Program Analysis** Personnel Costs Reimbursements 300 Schematic Design Personnel Costs Reimbursements 400 Preliminary Personnel Costs Design Reimbursements 500 Final Design Personnel Costs Reimbursements 600 Construction Personnel Costs Reimbursements Administration-Office 700 Construction Personnel Costs Administration-Reimbursements Field 800 Supplemental Personnel Costs Design Reimbursements **SUBTOTALS** TOTAL PROJECT COMPENSATION NOT TO EXCEED Attach a revised project schedule showing the effect of this modification. SIGNATURE-PROFESSIONAL DATE MULTIPLIER AVERAGE FOR PROJECT SIGNATURE-PROJECT MANAGER DATE CURRENT COST PROPOSED COST CONSTRUCTION PROJECT \$

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APPENDIX C

PHASE BUDGET DETAIL PROPOSAL/CONTRACT MODIFICATION NUMBER / PAYMENT REQUEST

FILE NUMBER	INDEX NUMBER (S)	COMPTROLLER CODE	AGENCY CODE	CON	NTRACT N	UMBER	REIMBU			RSABLES	
								PURPOSE			AMOUNT
DEPARTMENT		•		'							
PROJECT NAME											
FIRM NAME							\$				
							TOTAL	*			
INDIVIDUAL'S	L'S					DIRECT WAGE		MULTI-	COST FOR THIS		
TITLE		TASK/HC	URS**				TOTAL	RATE	COST	PLIER	INDIVIDUAL
*Transfer these amounts to the appropriate columns and phases on Appendix C for proposal/contract modification.**Include all tasks involved in this work.											
APPENDIX C-1									ī	PAGE	OF
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